

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVN5557PCS</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/01/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>NORTHERN NEVADA HOME CARE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1920 HARVARD WAY RENO, NV 89502</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
P 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of the initial State Licensure survey conducted in your facility on July 1, 2009. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>These findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>The agency had applied for a license as a Personal Care Aide Agency which provides in-home personal care services to elderly and disabled persons.</p> <p>The census was twenty-five clients. Five client files were reviewed. Six employee files were reviewed.</p> <p>The following deficiencies were identified:</p>	P 000		
P 230	<p>Section 16.1(a-i) Personnel File</p> <p>Sec. 16. 1. A separate personnel file must be kept for each attendant of an agency and must include, without limitation:</p> <p>(a) The name, address and telephone number of the attendant;</p> <p>(b) The date on which the attendant began working for the agency;</p> <p>(c) Documentation that the attendant has had the tests or obtained the certificates required by NAC 441A.375;</p> <p>(d) Evidence that the references supplied by the attendant were checked by the agency;</p>	P 230		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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P 230	<p>Continued From page 1</p> <p>(e) Evidence of compliance with NRS 449.179 by the administrator of the agency or the person licensed to operate the agency with respect to the attendant;</p> <p>(f) Proof that, within 6 months after the attendant began working for the agency, the attendant obtained a certificate in first aid and cardiopulmonary resuscitation issued by the American National Red Cross or an equivalent certificate approved by the Health Division;</p> <p>(g) Proof that the attendant is at least 18 years of age;</p> <p>(h) Proof of possession by the attendant of at least the minimum liability insurance coverage required by state law if the attendant will be providing transportation to a client in a motor vehicle; and</p> <p>(i) Documentation of all training attended by and performance evaluations of the attendant.</p> <p>This STANDARD is not met as evidenced by: Based on record review, the agency failed to have documentation of the testing required by NAC 441A.375 for 4 of 6 employees. The agency failed to have documentation of compliance with NRS 449.179 for 5 or 6 employees,</p> <p>Findings include:</p> <p>Employee files were reviewed. Employees #1, #2, #3 and #4 did not have documentation of an examination completed by a physician and documentation of a two-step tuberculin (TB) skin test. Employees #1, #2, #3, #4 and #5 did not have documentation of background checks completed by the state and Federal Bureau of Investigation (FBI).</p>	P 230			

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P 250	<p>Section 16.1(3) Competency Evaluation</p> <p>3. The administrator or his designee shall evaluate the competency of an attendant in each competency area required by the agency if the attendant provides written proof of his current or previous training in that competency area. After the initial evaluation, any additional training provided to the attendant may be limited to areas in which the attendant needs to improve his competency.</p> <p>This STANDARD is not met as evidenced by: Based on record review, the administrator did not have documentation of competency evaluations providing proof of current and previous training the attendant received.</p> <p>Findings include:</p> <p>Four attendant files were reviewed. None of the files reviewed contained evidence of competency evaluations for the required training areas.</p>	P 250		

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